

2137
CPW

TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/938,184	
	Filing Date	08/23/2001	
	First Named Inventor	Anderson, et al.	
	Group Art Unit	2137	
	Examiner Name	Kevin R. Schubert	
Total Number of Pages in this Submission	7	Attorney Docket Number	CM04642H P01

ENCLOSURES		(check all that apply)
<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Licensing-Related papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/Declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter with appropriate copies
<input type="checkbox"/> Extension of time Request	<input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address	<input type="checkbox"/> Other Enclosure(s) (please identify below)
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Response to Restriction Requirement
<input checked="" type="checkbox"/> Response to Restriction Requirement	<input type="checkbox"/> Request for Refund	<input type="checkbox"/> Associate Power of Attorney
<input type="checkbox"/> Certified Copy of Priority Documents	<input type="checkbox"/> CD, Number of CDs	<input type="checkbox"/> RCE
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application	Remarks	
<input type="checkbox"/> Response to Missing Parts Under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm or Individual	Valerie M. Davis	Registration No.	50,203
Signature			
Date	May 10, 2005		

CERTIFICATE OF MAILING			
I hereby certify that this correspondence is being facsimile transmitted or deposited with the United States Postal Service with sufficient postage thereon, as first-class mail, in an envelope addressed to: Commissioner for Patents, Alexandria, VA 20231 on the date listed below:			
Typed or printed name	Sheila Mannerino		
Signature		Date	May 10, 2005



DOCKET NO.: CM04642H P01

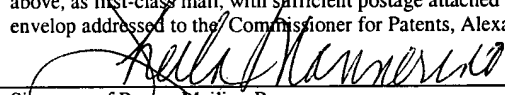
UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANT(S) Anderson, et al. GROUP ART UNIT: 2137
APPLN. NO.: 09/938,184 EXAMINER Kevin R. Schubert
FILED: 08/23/2001
TITLE: KEY MANAGEMENT METHODS AND COMMUNICATION
PROTOCOL FOR SECURE COMMUNICATION SYSTEMS

Certificate of Mailing

Date of deposit: May 10, 2005

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Signature of Person Mailing Paper

Sheila Mannerino

Printed Name of Person Mailing Paper

RESPONSE TO RESTRICTION REQUIREMENT

Commissioner for Patents
Mail Stop Amendment
Alexandria, VA 20231

Sir:

This paper is in response to the restriction requirement in the Office Action mailed 04/19/2005.

REMARKS

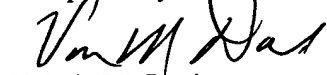
In response to the restriction requirement, Applicant provisionally elects Group III (claims 12 - 18), without traverse.

Listing of the claims begins on page 2.

Reconsideration of this application is respectfully requested.

SEND CORRESPONDENCE TO:
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Intellectual Property Section
Law Department
1303 E. Algonquin Road
Schaumburg, IL 60196

Respectfully submitted,


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